

Physician's Permission

LEVIN  THERAPEUTICS

Physician's Name: _____

Physician's Address: _____

Physician's Telephone: (_____) _____

I have been treating this patient since _____
date for the following condition(s): _____

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note that the following considerations/medication warrant special concern:

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

Physician's Signature _____ Date _____